

Name
in
Full

Lucie Bowling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

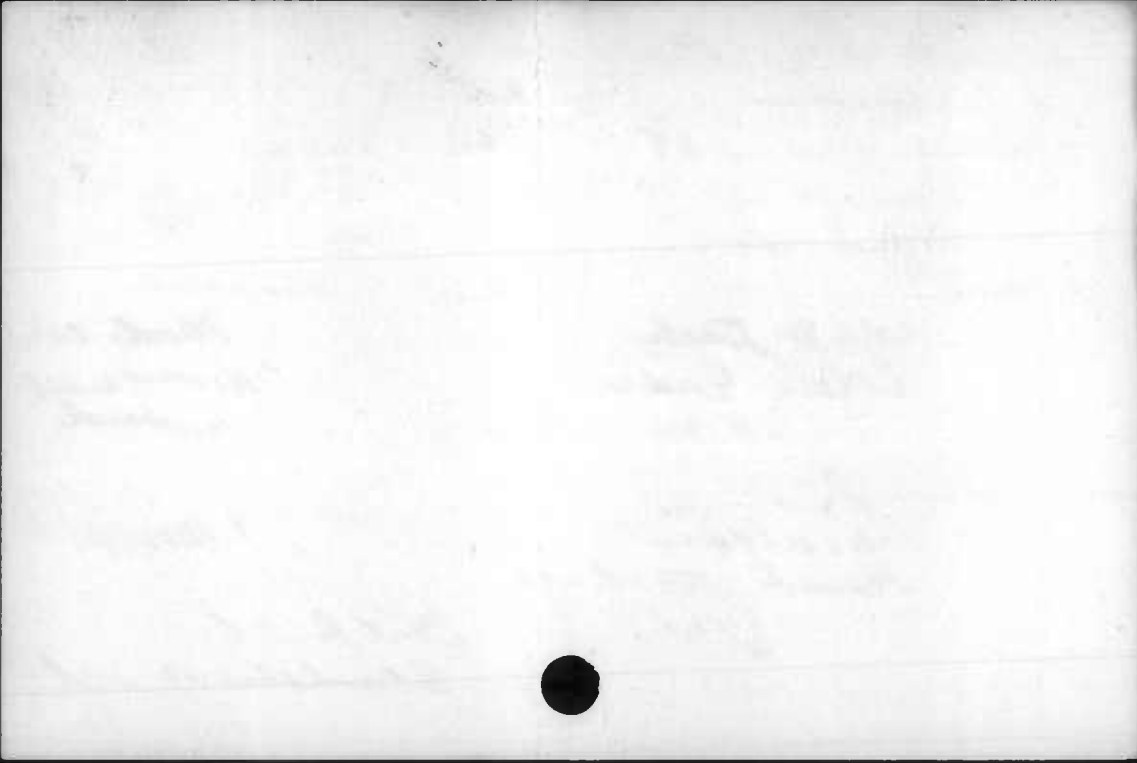
Died at <i>Ship</i> Town		<i>Mt</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>2</i>	Age <i>27</i>	Months <i>3</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>H. M. Sherbrook Bowling</i>				
Father's Name <i>H. M. Lindsay</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Margaret McHenry</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs. Dickens</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 yrs.</i>
Immediate <i>Syncope</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

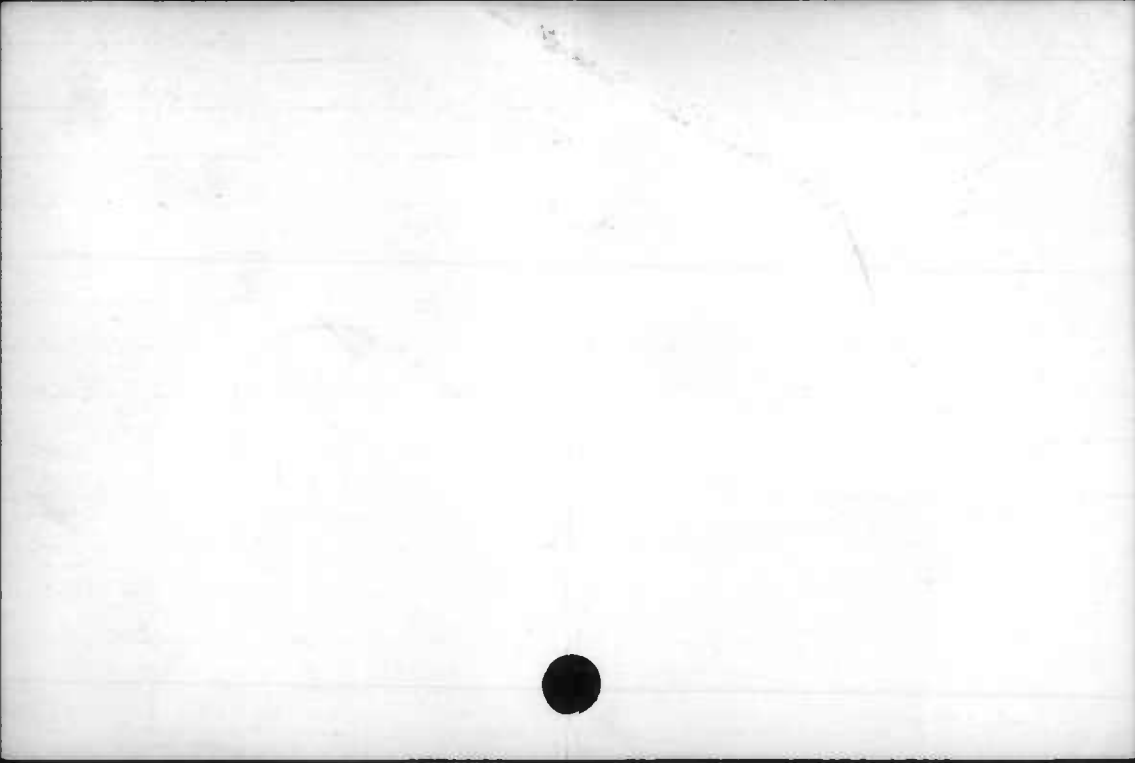
Died at <i>James</i> Town <i>Baumann</i> County <i>Montgomery</i>		MARYLAND			
Date of death 1909	Month <i>Jan</i>	Day <i>28</i>	Age <i>63</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Montgomery Co Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Richard H. Baumann</i>				
Father's Name <i>John W. Darby</i>	Father's Birthplace <i>Montgomery Co Md</i>				
Mother's Maiden Name <i>Ellen Eadon</i>	Mother's Birthplace <i>Howard Co Md</i>				
Name of person giving Information <i>R. H. Baumann</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>8 months</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Peets</i>
	Address <i>Blacksburg Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

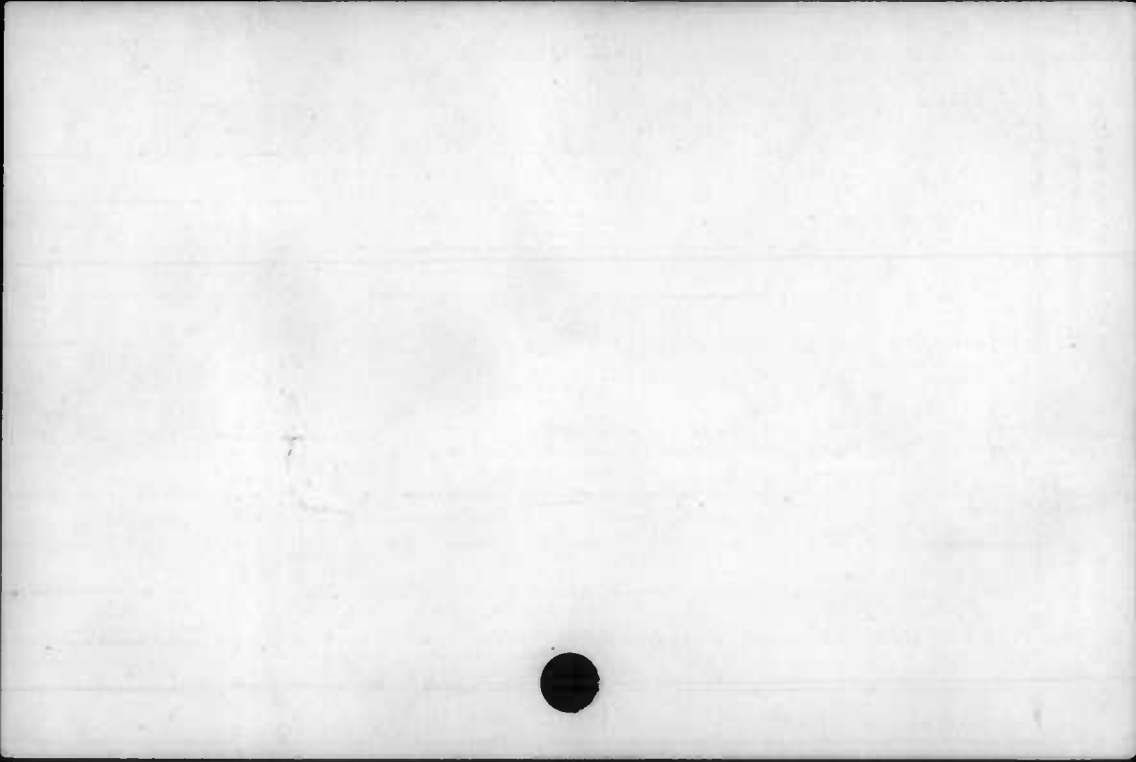
Died at <i>Gaithersburg</i> ^{Town} <i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>1</i> ^{Month}	<i>10</i> ^{Day}	<i>4</i> ^{Years}
Sex <i>Male</i>		Color or Race <i>colored</i>	Birth-place <i>Maryland</i>
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Don't know</i>	Father's Birthplace		
Mother's Maiden Name <i>Phelps Bowman</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Opera Curtis</i>	How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <i>Acute Meningitis</i>	How long <i>3 wks</i>
Immediate <i>Coma + Death</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. H. H. H.</i>
	Address <i>Gaithersburg Md</i>
Accident or Suicide?	



Name
in
Full

Braadwood

CERTIFICATE OF DEATH

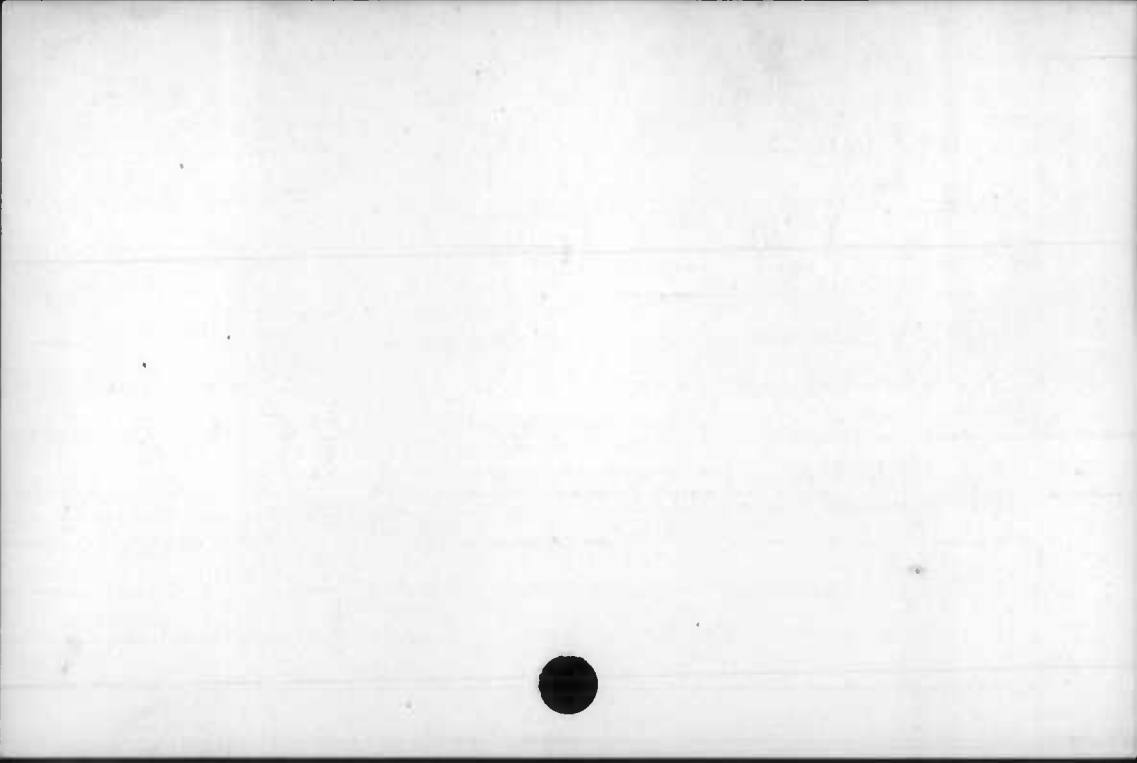
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roadhouse Md</i>		County <i>Neenah</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>1</i>	Day <i>1</i>	Age <i>0</i>	Years <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>X</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Lorayne Braadwood</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Octavia Newman</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Lorayne Braadwood</i>			How related to deceased <i>brother-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

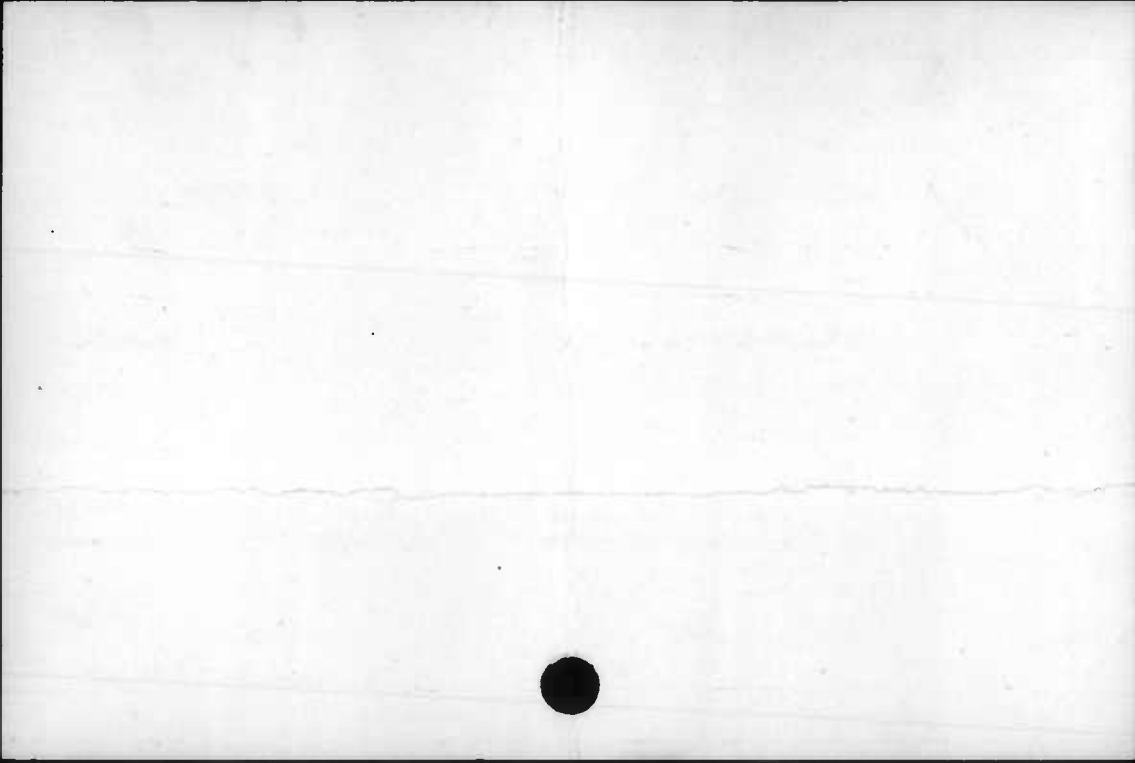
Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. J. Luchman</i>
	Address <i>Roadhouse Md</i>
Accident or Suicide? <i>X</i>	



Name in Full Nelson Elsworth Budd.		CERTIFICATE OF DEATH	
Died at Nowood <small>Town</small>		Montgomery <small>County</small>	
Date of death 1909 <small>Month</small> Jan. <small>Day</small> 2nd <small>Years</small> Age About 6 mos <small>Months</small> — <small>Days</small>		MARYLAND	
Sex Male		Color or Race Colored	
Occupation None		Birth-place Montg. Co., Md.	
Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Nelson Everett Budd		Father's Birthplace Montg. Co., Md.	
Mother's Maiden Name Dora Cook		Mother's Birthplace Montg. Co., Md.	
Name of person giving information Lawrence O. Budd		How related to deceased Niece	
CAUSES OF DEATH			
Primary Pneumonia		How long About one day	
Immediate Filling up of lungs		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas. Farquhar, M.D.	
		Address Olney, Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unnamed baby - premature
 Died at Boyd's Town Boyd's County Boyd's MARYLAND
 Date of death 1909 1 Month 31 Day 7 Age 7 Years — Months 2 Days
 Sex Female Color or Race negro Birthplace Boyd's
 Occupation — Where Residing if not at place of death —

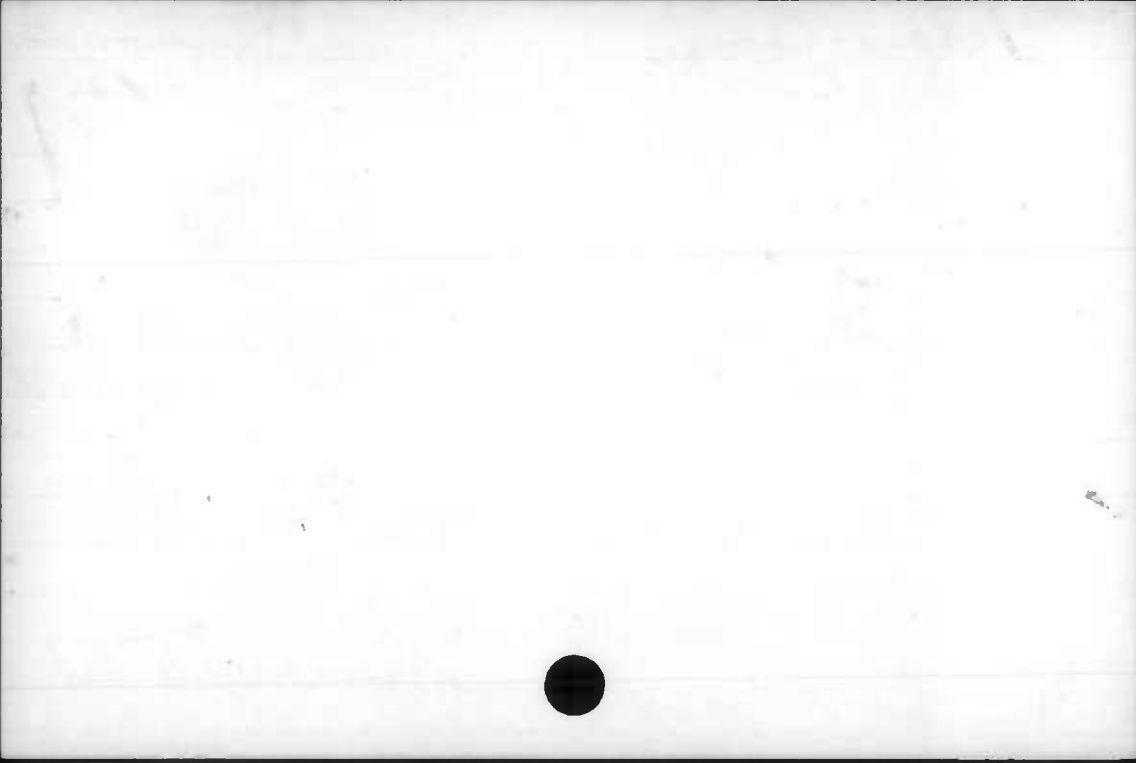
Married, Single
or Widowed —Name of Wife or
Husband —Father's
Name Alex CornFather's
Birthplace Germania MdMother's
Maiden Name Sophia DoyaMother's
Birthplace Boyd's MdName of person giving
Information U. D. Nurse M. D.How related
to deceased —

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONERPrimary Premature birthImmediate —Are the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician U. D. Nurse M. D.Address Danversville Md.

Accident or Suicide



Name
in
Full

Sophia Corn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boyd's</u> ^{Town}		<u>Montg</u> ^{County}		MARYLAND	
Date of death 1909	Month <u>1</u>	Day <u>30</u>	Age <u>30</u> ^{Years}	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Negro.</u>	Birth-place <u>Boyd's Rd.</u>			
Occupation <u>Housewife.</u>	Where Residing if not at place of death <u>Germanstown Rd.</u>				
Married <u>Single</u> or Widowed	Name of Wife or Husband <u>Alex Corn.</u>				
Father's Name <u>Ruben Doye.</u>	Father's Birthplace <u>Montg Co. Md.</u>				
Mother's Maiden Name <u>Martha Turner.</u>	Mother's Birthplace <u>Montg Co. Md.</u>				
Name of person giving Information <u>U. D. Nurse</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

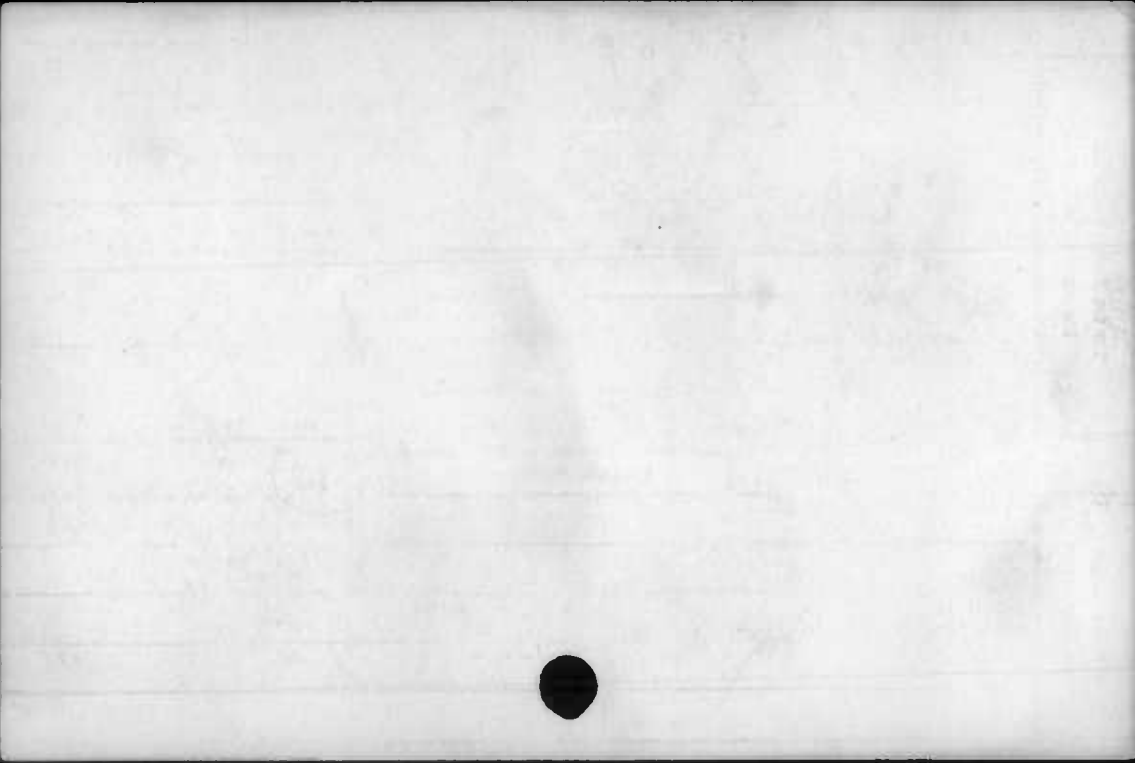
27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Acute Miliary Tuberculosis</u>	How long <u>3 wks.</u>
Immediate <u>Asthenia</u>	How long <u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>U. D. Nurse</u>
	Address <u>Danversville Md.</u>
Accident or Suicide	



Name in Full		James Dawson				13		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Rockville</i> Town				<i>Montgomery</i> County				MARYLAND			
		Date of death		1904	Month	1	Day	30	Age	64	Years	Months	Days
		Sex <i>Mary</i>				Color or Race <i>White</i>				Birth-place <i>Maryland</i>			
		Occupation <i>Lavager</i>				Where Residing if not at place of death <i>X</i>							
		Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Unkerson</i>							
		Father's Name <i>Laurina Dawson</i>				Father's Birthplace <i>Maryland</i>							
		Mother's Maiden Name <i>Mary Riger</i>				Mother's Birthplace <i>Liginia</i>							
		Name of person giving information <i>Thomas Dawson</i>				How related to deceased <i>Brother</i>							
CAUSES OF DEATH												10	
PHYSICIAN OR CORONER		Primary <i>Influenza</i>						How long <i>One month</i>					
		Immediate <i>Asphyxia</i>						How long <i>Half hour</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>						Signature of Physician <i>Edward Underwood MD</i>					
								Address <i>Rockville, Md.</i>					
		Accident or Suicide? <i>No</i>											



Name
in
Full

Mortimer. H. Dodge


CERTIFICATE OF DEATH

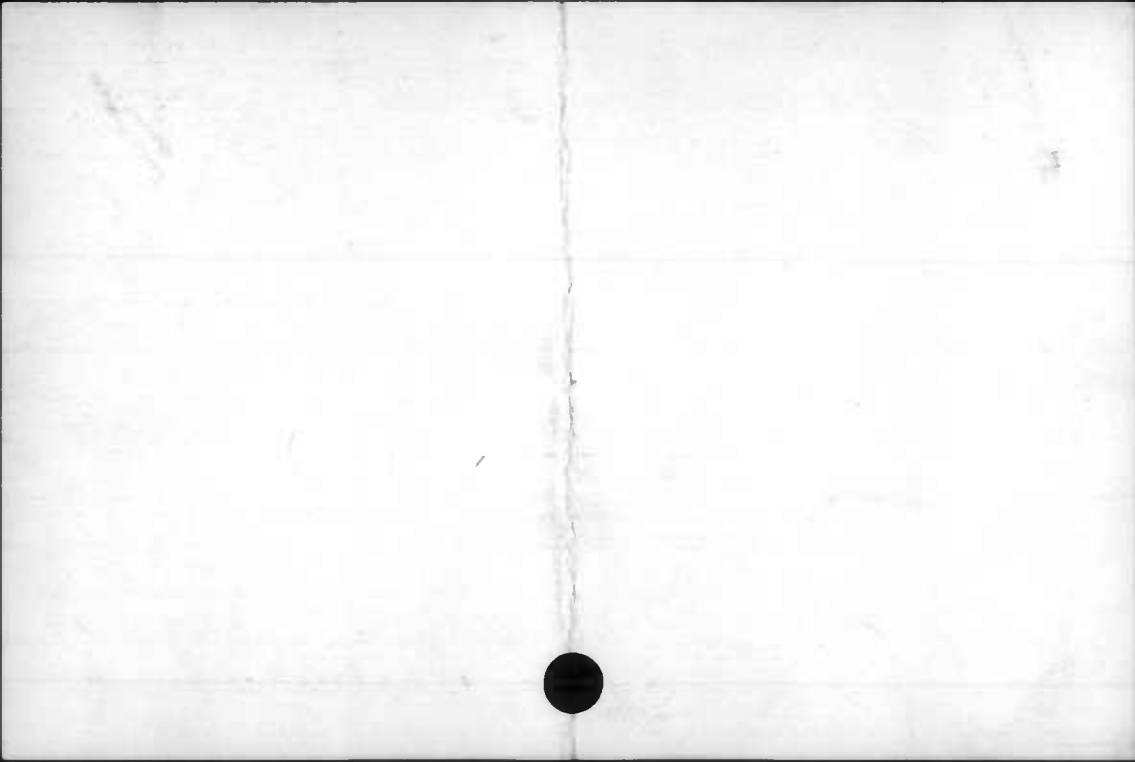
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Takoma Park		County Montgomery		MARYLAND	
Date of death	1909	Month Jan	Day 7th	Age	60	Month —	Days 1 last 2 days
Sex	male		Color or Race	white		Birthplace	Cleveland, Ohio
Occupation	Real Estate		Where Residing if not at place of death		Cleveland, O		
Married, Single or Widowed	married		Name of Wife or Husband	Florence Britton Dodge			
Father's Name	George C. Dodge				Father's Birthplace	Unknown	
Mother's Maiden Name	Lucy Burton				Mother's Birthplace	Vermont	
Name of person giving Information				How related to deceased			

120

PHYSICIAN
OR CORONER

Fell in room		CAUSES OF DEATH	
Primary	Chronic Bright's Disease & Locomotor Ataxia		How long Years
Immediate	Fracture of Femur and Uraemia		How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. H. Kress M.D.	
		Address Takoma Park D.C.	
Accident 			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Washington* ^{Town} *Monty* ^{County}Date of death *1909* ^{Month} *1* ^{Day} *12* ^{Years} *19* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *Colored* Birth-place *Ind*
Occupation *None* Where Residing if not at place of death *Emercy Grove*~~Married~~, Single or ~~Widowed~~ Name of Wife or HusbandFather's Name *Frank Dorsey* Father's Birthplace *Ind*Mother's Maiden Name *Rebecca Brooks* Mother's Birthplace *"*Name of person giving information *Frank Dorsey* How related to deceased *Father*

CAUSES OF DEATH

61PHYSICIAN
OR CORONERPrimary *Meningitis* How long *3 Weeks*
Immediate *"* How long *" 2 1*

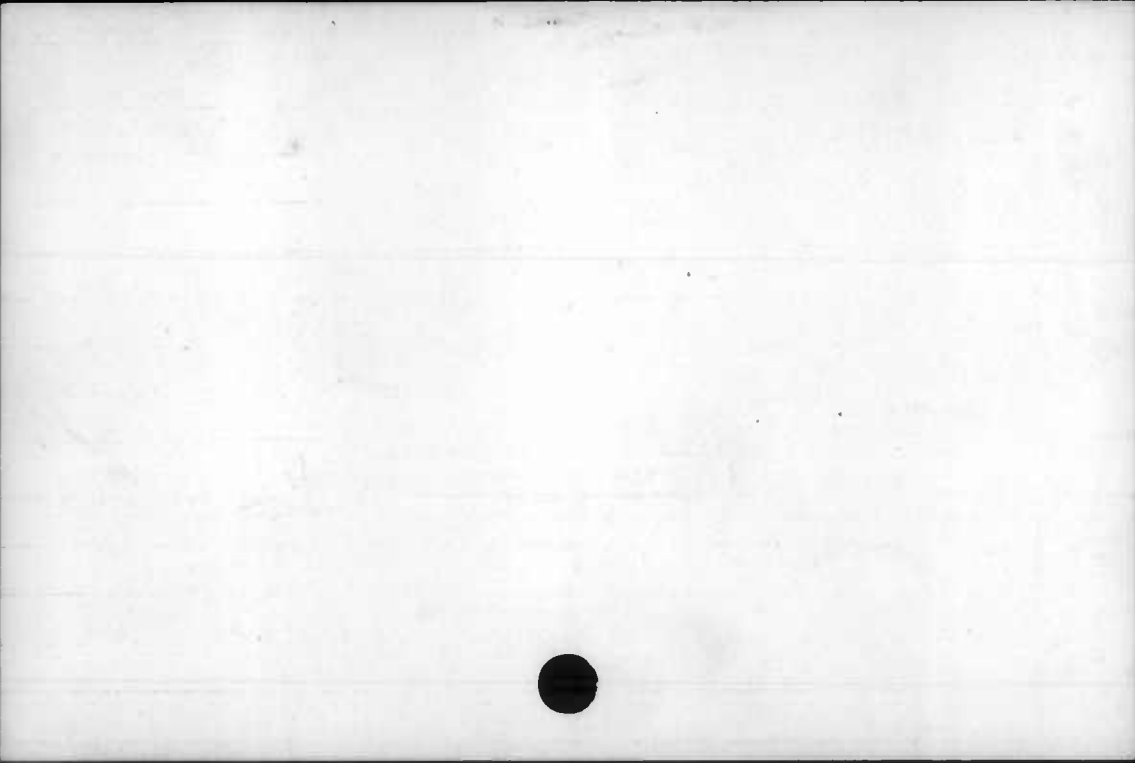
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. H. Esterson
Saithersburg
Ind

Accident or Suicide?



Name
in
Full

Harry Eaglen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

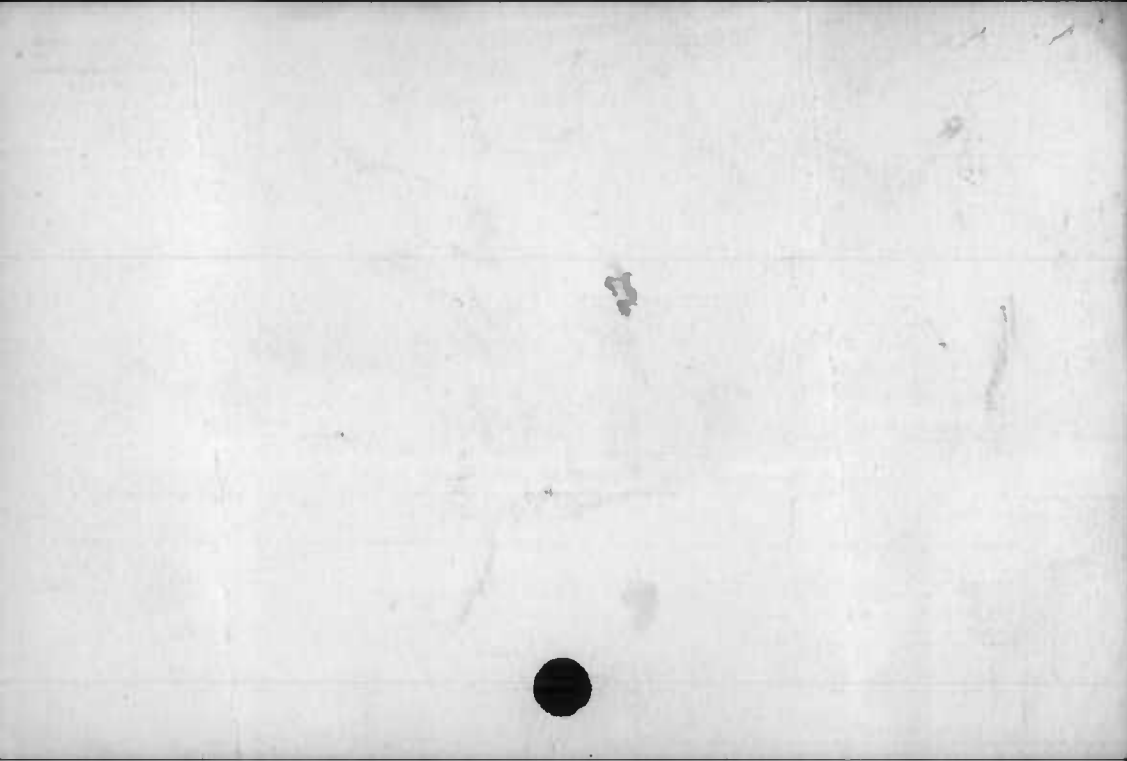
Died at <i>Littonsville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	1909	Month	1	Day	21
Age		31	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Negro</i>	
Occupation	<i>Carpenter</i>		Birthplace	<i>W D</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Phillip Eaglen</i>		
Mother's Maiden Name			<i>Caroline Bell</i>		
Name of person giving information			<i>Wm H. Eaglen</i>		
Father's Birthplace			<i>W D</i>		
Mother's Birthplace			<i>W D</i>		
How related to deceased			<i>brother</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>about a year</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>E. H. Wright M.D.</i>	
		Address	
		<i>Forest Glen</i>	
		<i>W D</i>	
Accident or Suicide?			



Name
in
Full

Cama Inga Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

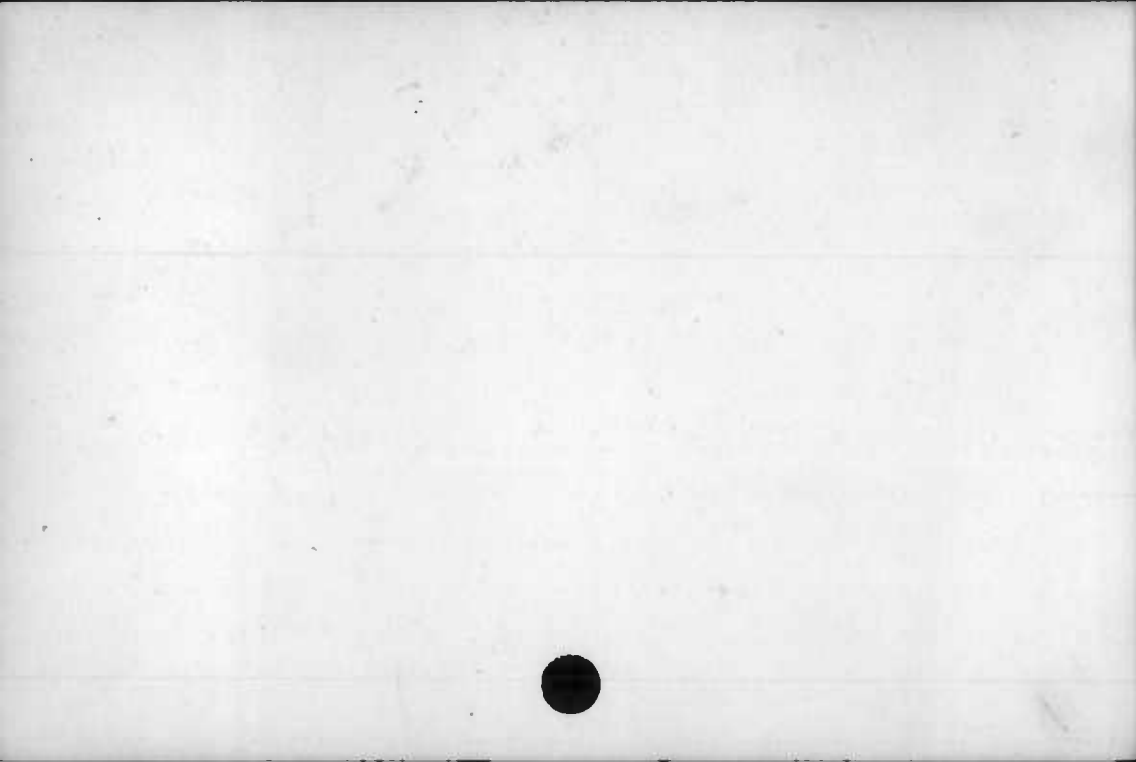
Died at		Town Rockville		County Burrigomay		MARYLAND	
Date of death	1909	Month Jan	Day 20	Age Years 5	Months	Days	
Sex	female		Color or Race	black		Birth- place	Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Charles Edwards					Father's Birthplace	Va
Mother's Maiden Name	Ella Proctor					Mother's Birthplace	Ind
Name of person giving In formation	Ella P Edwards					How related to deceased	mother

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	10 days
Immediate	Broncho pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Henderson, M.D.
		Address	Rockville
Accident or Suicide?	no		Maryland



Name
In
Full

Agnes A. Eiker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Village of Chevy Chase ^{County} Mont

MARYLAND

Date of death 1909 ^{Month} Jan'y ^{Day} 11 ^{Years} Age 02 ^{Months} 6 ^{Days} 2

Sex Female Color or Race White Birth-place Wash. D.C.

Occupation Married (Wife) Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

James M. Eiker

Father's Name

Strobel

Father's Birthplace

Germany

Mother's Maiden Name

Strobel

Mother's Birthplace

Germany

Name of person giving information

J. D. Morgan

How related to deceased

Friend

CAUSES OF DEATH

121

PHYSICIAN
OR GOROWEN

Primary

Pyæmia (Nephrolithiasis)

How long

Some rather

Immediate

Endocarditis

How long

Several rather

Are the name, age, sex, color, date and place correctly given above?

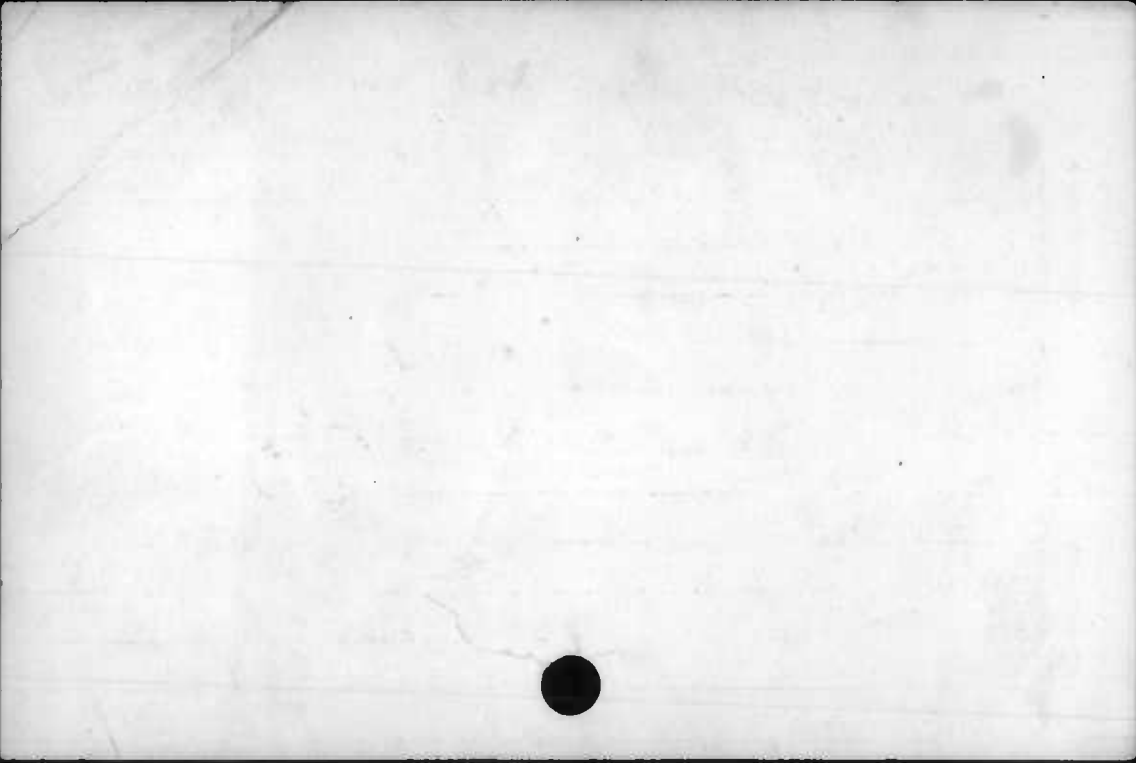
Yes

Signature of Physician

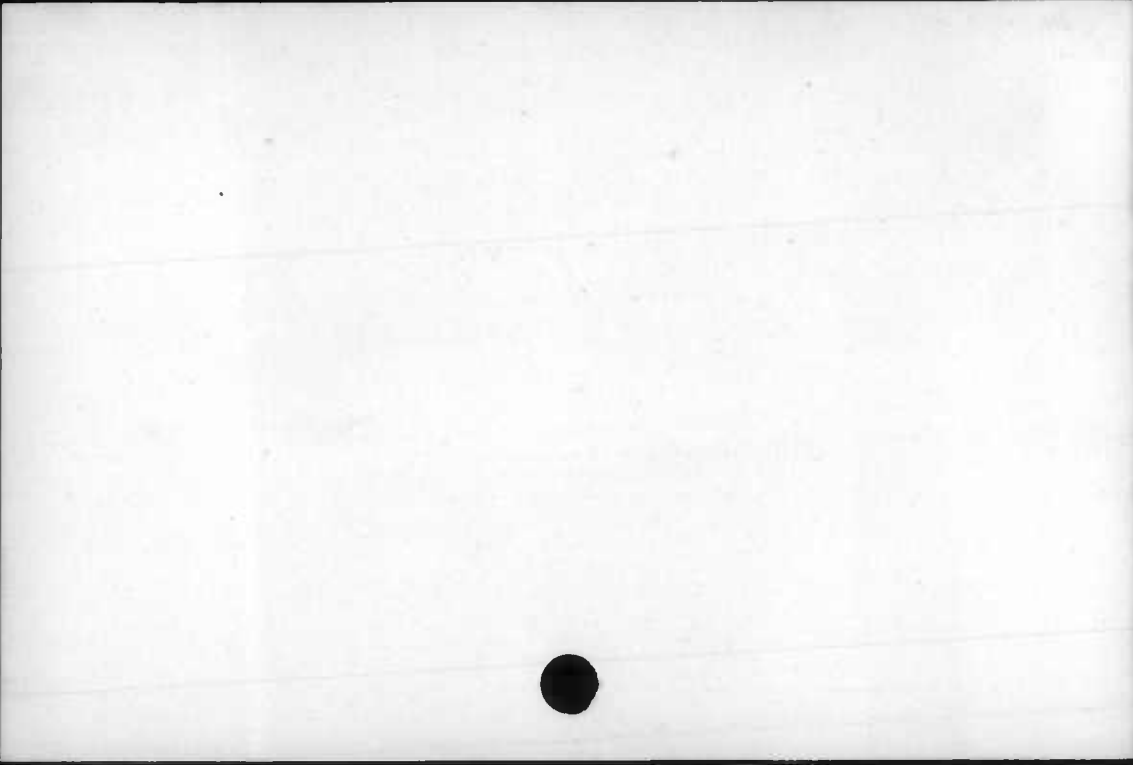
Address

James D. Morgan M.D.
Chevy Chase, Md

Accident or Suicide?



Name in Full		Frances Hackett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sandy Spring</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND			
	Date of death <i>1909</i>	<i>Jan</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>Two</i> <small>Months</small>	<i>—</i> <small>Days</small>		
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Sandy Spring, Md.</i>				
	Occupation <i>None</i>		Where Residing if not at place of death					
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
	Father's Name <i>Illegitimate (Walker Matthews)</i>	Father's Birthplace <i>Md.</i>						
	Mother's Maiden Name <i>Josephine Hackett</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving information <i>Harrison Edward Hockett</i>		How related to deceased <i>Uncle</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		<i>Specific. Syphilis supposed.</i>		<i>Scars. bow-supposed.</i>			
	Immediate		<i>Asthenia</i>		<i>How long</i>			
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>Chas. Farguhar</i>			
					Address <i>Olney, Md.</i>			
Accident or Suicide?								



Name
in
Full

Richard Hazel Buckman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leesville</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death	<i>1909 Jan</i> ^{Month}	<i>13</i> ^{Day}	<i>49</i> ^{Years}	<i>2</i> ^{Months}	<i>3</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Unknown</i>		
Father's Name	<i>Thos. Buckman</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Margaret Leoley</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Mrs. Young</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Throat</i>	How long	<i>5 yrs.</i>
Immediate	<i>Asthenia</i>	How long	<i>1 few hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. T. Brown</i>
		Address	<i>Silver Spring Md.</i>
Accident or Suicide?			

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Name
in
Full

Sarah Rebecca Hill -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

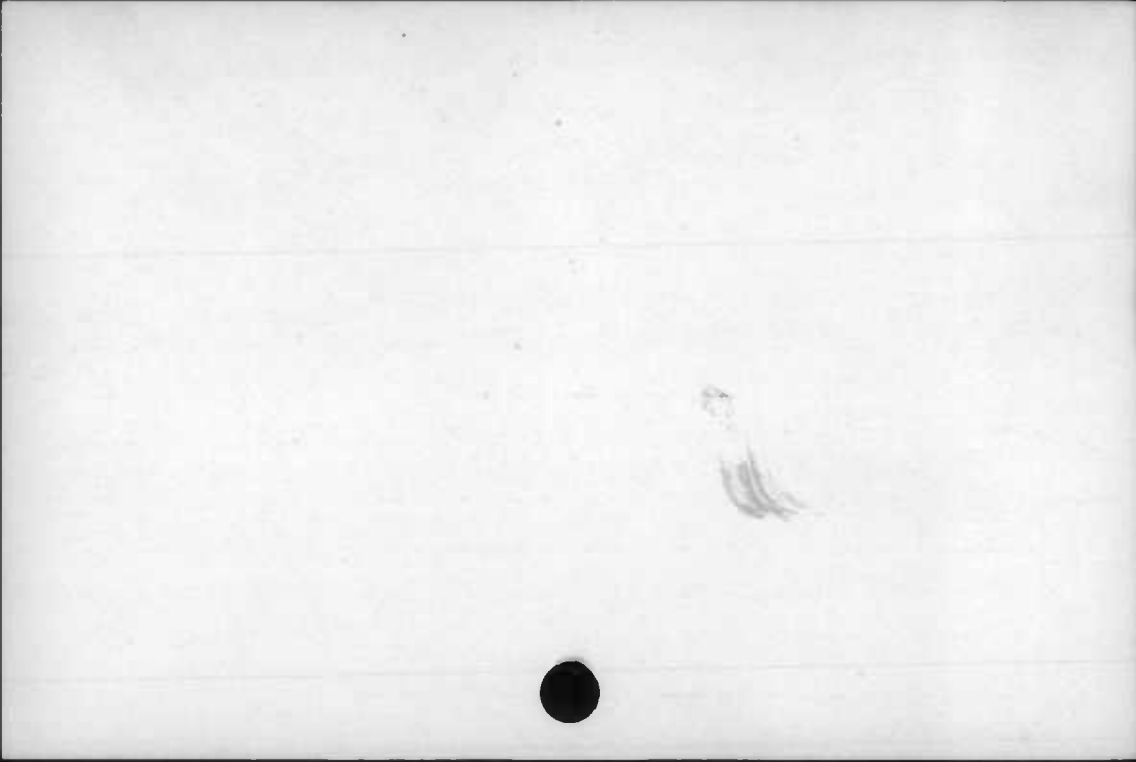
Died at ^{Town} near Brinklow		^{County} Montgomery		MARYLAND	
Date of death 1909	Month 1	Day 18	Age 18	Months —	Days —
Sex Female	Color or Race Colored		Birth-place Montgomery Co.,		
Married, Single Single	Occupation none				
Name of Wife or Husband					
Father's Name Joseph Hill.			Father's Birthplace Montgomery Co.,		
Mother's Maiden Name Hattie Fitzhugh -			Mother's Birthplace Va.		
Name of person giving information Joseph Hill.			How related to deceased Father.		

CAUSES OF DEATH

27

PHYSICIAN
CORONER

Primary	How long	
Immediate Pulmonary Tuberculosis	about 18 mos.	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. W. F. Green,	
	Address Brooksville, Md.	
Accident or Suicide?		



Name
in
Full

Wm Thos Hilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barnesville</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death <i>1909 Jan 4</i>		Month		Day <i>26</i>		Age <i>80</i>		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ida</i>		Months		Days	
Occupation <i>Builder</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Rebecca Hilton</i>							
Father's Name <i>Jno Hilton</i>				Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Mary Lemon</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving Information				How related to deceased					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Neph. Art. Scler. Senility</i>		How long <i>10 yrs?</i>	
Immediate <i>Uremia</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jaylor E Oarky</i>	
		Address <i>Barnesville</i>	
Accident or Suicide			

Richard M. ...

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Name
in
Full

Jenesea Jamison

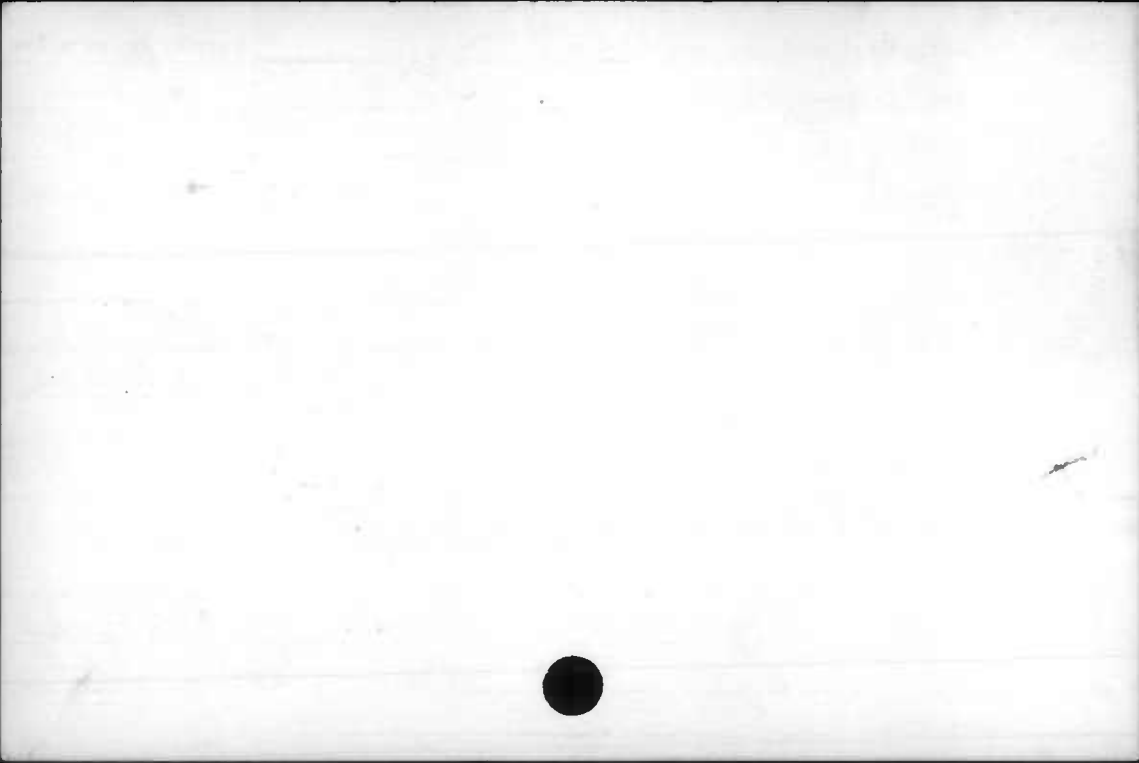
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Barnesville* ^{County} *Montgomery* **MARYLAND**Date of death 1904 ^{Month} *Jun'y* ^{Day} *17* ^{Years} *81* ^{Months} ^{Days} Sex *F* ^{Color or Race} *W* ^{Birth-place} *md*Occupation *Housewife* ^{Where Residing if not at place of death} ~~Married~~ ^{Single or Widowed} ^{Name of Wife or Husband} ^{Father's Name} *L. J. Harding* ^{Father's Birthplace} *Maryland*^{Mother's Maiden Name} *Mary Hall* ^{Mother's Birthplace} *Maryland*^{Name of person giving Information} ^{How related to deceased}

CAUSES OF DEATH

92

^{Primary} *Broncho Pneumonia & Facial Erysipelas* ^{How long} *10 days*^{Immediate} *Broncho Pneumonia* ^{How long} ^{Are the name, age, sex, color, date and place correctly given above?} *yes* ^{Signature of Physician} *Jaylor E Oakley*^{Address} *Barnesville, Md*^{Accident or Suicide} PHYSICIAN
OR CORONER



Name
in
Full

Unnamed Infant

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Mrs Dausowille

Trent

Date
of death 1909

Month

1

Day

20

Age

Years

—

Months

—

Days

—

Sex

male

Color or
Race

Negro

Birth-
place

Mrs Dausowille

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
Husband

—

Father's
Name

Wm. Johnson

Father's
Birthplace

Sugarland Md

Mother's
Maiden Name

Dora Beauder

Mother's
Birthplace

Sugarland Md.

Name of person giving
Information

Father

How related
to deceased

—

CAUSES OF DEATH

Primary

Still born - (premature birth)

How long

—

Immediate

—

How long

—

Are the name, age, sex, color, date
and place correctly given above?

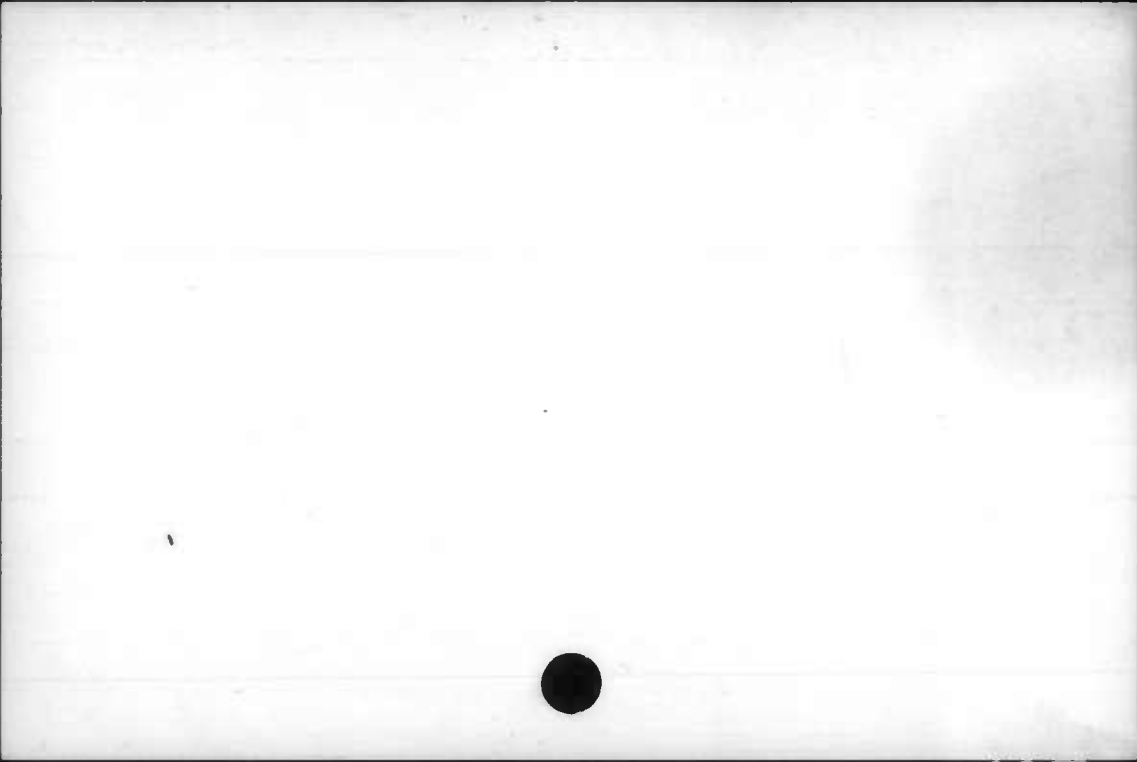
yes

Signature of
PhysicianU. D. Nourse M.D.
Dausowille Md.

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alithia P Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

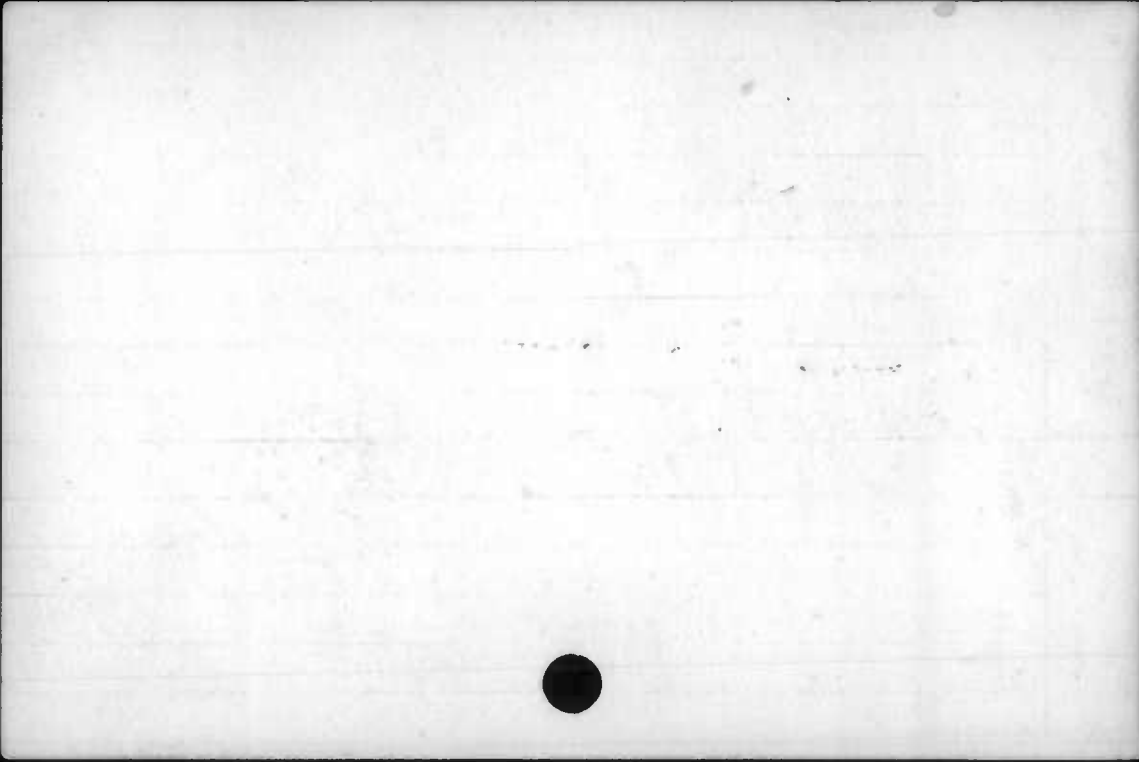
Died at <i>Martinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jan.</i>	Day <i>13</i>	Age <i>75</i>	Months <i>0</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>Martinsburg</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Wm. P. Jones</i>				
Father's Name <i>Lexington Phillips</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace				
Name of person giving Information <i>A. W. Wood</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Myocardial Insufficiency</i>	How long <i>Unknown</i>
Immediate <i>Cardiac dilatation</i>	How long <i>1 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. White</i>
	Address <i>Boolesville Md</i>
Accident or Suicide?	



Name
in
Full

Harry Clifford Luckett

57

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1909	Month	Jan.	Day	28	Age	11
Sex	male	Color or Race	Colored	Birth-place	Glenn, Md.	Months	0
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	John Luckett			Father's Birthplace	Md.		
Mother's Maiden Name	Mandy Nelson			Mother's Birthplace	Md.		
Name of person giving information	Father John Luckett			How related to deceased	Father		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>13 months</i>
Immediate	<i>Nephritis</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>George E. Lewis, M.D.</i>
		Address	<i>Rockville, Md.</i>
Accident or Suicide? <i>No</i>			

46

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

W. H. Mammeter
Town *Keeningson* County *Montgomery* MARYLAND

Died at

Date of death 190*9* Month *July* Day *2* Age *24* Years Months *10* Days *2*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *Georgie Kunkle Mammeter*

Father's Name *John S. Mammeter* Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth Orme* Mother's Birthplace *Ind*

Name of person giving Information *Oliver Mammeter* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Organic disease of the Lungs How long *Several years*

Acute Inter. Nephritis How long *One month*

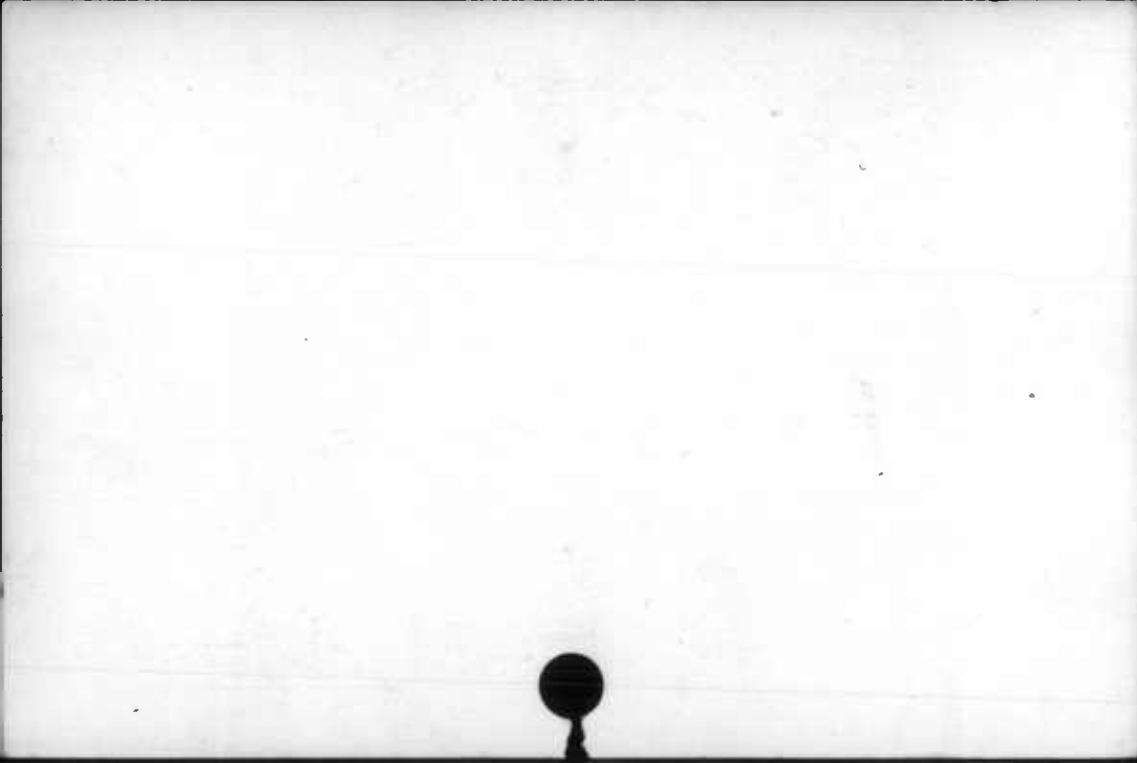
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Augustus Jones*

Address *Keeningson*

Accident or Suicide *No*



Name
in
Full

Michael O'Donnellb.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

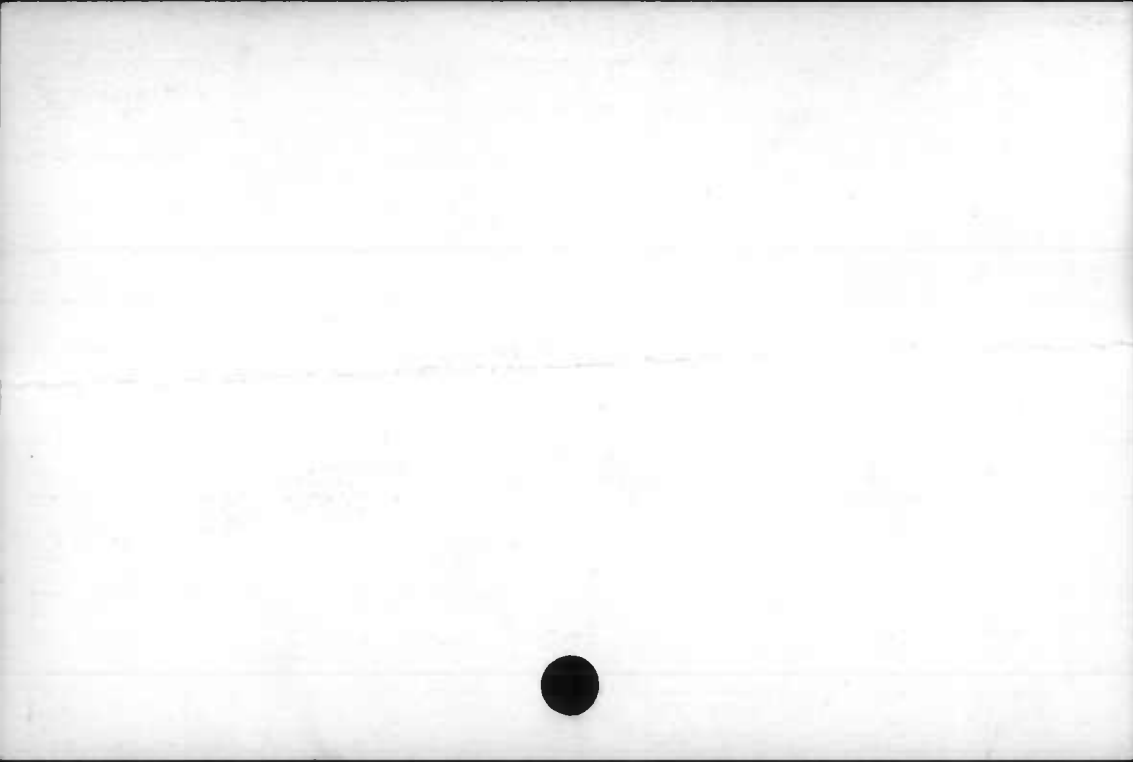
Died at <i>Ashton</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>January</i>	Day <i>21</i>	Age <i>85</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near Ashton</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Timothy O'Donnell</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Bridget Donohue</i>	Mother's Birthplace <i>Md -</i>				
Name of person giving Information <i>Mrs Annie O'Donnell</i>	How related to deceased <i>Sister -</i>				

CAUSES OF DEATH

10

Primary <i>Influenza</i>	How long <i>three weeks or more</i>
Immediate <i>Asthenia Cardiac</i>	How long <i>Progressing</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. W. L. Cissel</i>
	Address <i>Highland, Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

David M. Pickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

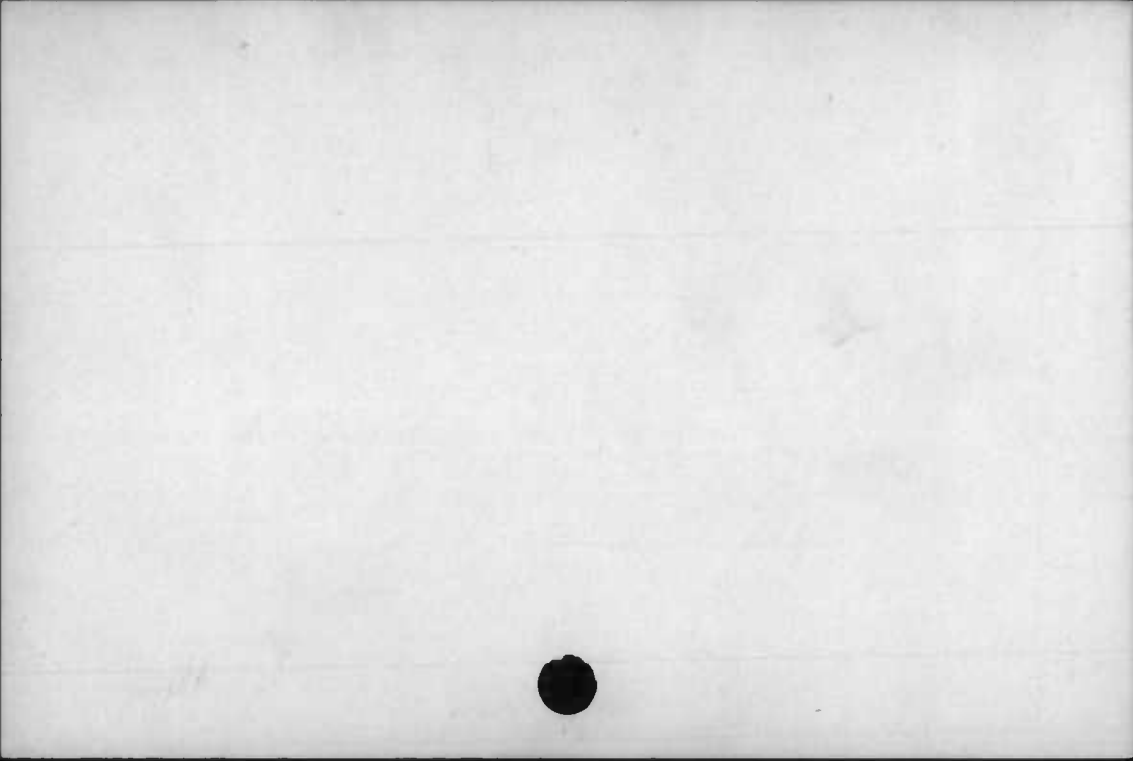
Died ^{Town} near Mullinix		County ^{County} Montgomery		MARYLAND	
Date of death	1909 Jan.	Day	23	Years	Age 56
Month	Jan.	Day	23	Months	11
Sex	male	Color or Race	White	Birth-place	Howard Co., Md.
Occupation	Farmer		Where Residing if not at place of death Howard Co., Md.		
Married, Single	Name of Wife Husband Mariah Pickett				
Father's Name	Chas. Pickett			Father's Birthplace	Carroll Co. Md.
Mother's Maiden Name	Mary Ann Isatrell			Mother's Birthplace	Carroll Co. Md.
Name of person giving information	Estelle Pickett			How related to deceased	Daughter

CAUSES OF DEATH

79

PHYSICIAN +
OR CORONER

Primary	Heart Disease	How long	Unknown
Immediate	Heart Disease	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. M. Boyer
		Address	Damascus Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Purdum* Town *Germanatown* County *Montgomery* MARYLAND
 Date of death 190 *9* Month *1* Day *19* Age *7* Sex *F.* Color or Race *W.* Birthplace *Md.*
 Occupation *-* Where Residing if not at place of death *-*
~~Mamed~~, Single or ~~Widowed~~ Name of Wife or Husband
 Father's Name *Jos. Jas. Purdum.* Father's Birthplace *Md.*
 Mother's Maiden Name *Laura May Davis.* Mother's Birthplace
 Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary How long
 Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. W. Simpkins.
Germanatown.

Accident or Suicide

THE BOSTON PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
1900



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Thos. J. Quinter
Whiting ^{Town} *Montgomery* ^{County}

MARYLAND

Date

of death

1909

Month

January

Day

13

Age

72

Years

Months

3

Days

3

Sex

*Male*Color or
Race*White*Birth-
place*Pa*

Occupation

*None*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Married*Name of Wife or
Husband*Ada Holmes Quinter*Father's
Name*Unknown*Father's
Birthplace*Pa*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Pa*Name of person giving
Information*Ed. H. Quinter*How related
to deceased*Son*

CAUSES OF DEATH

66

Primary

Organic dis. of heart & paralysis

How long

2 years

Immediate

Paralysis

How long

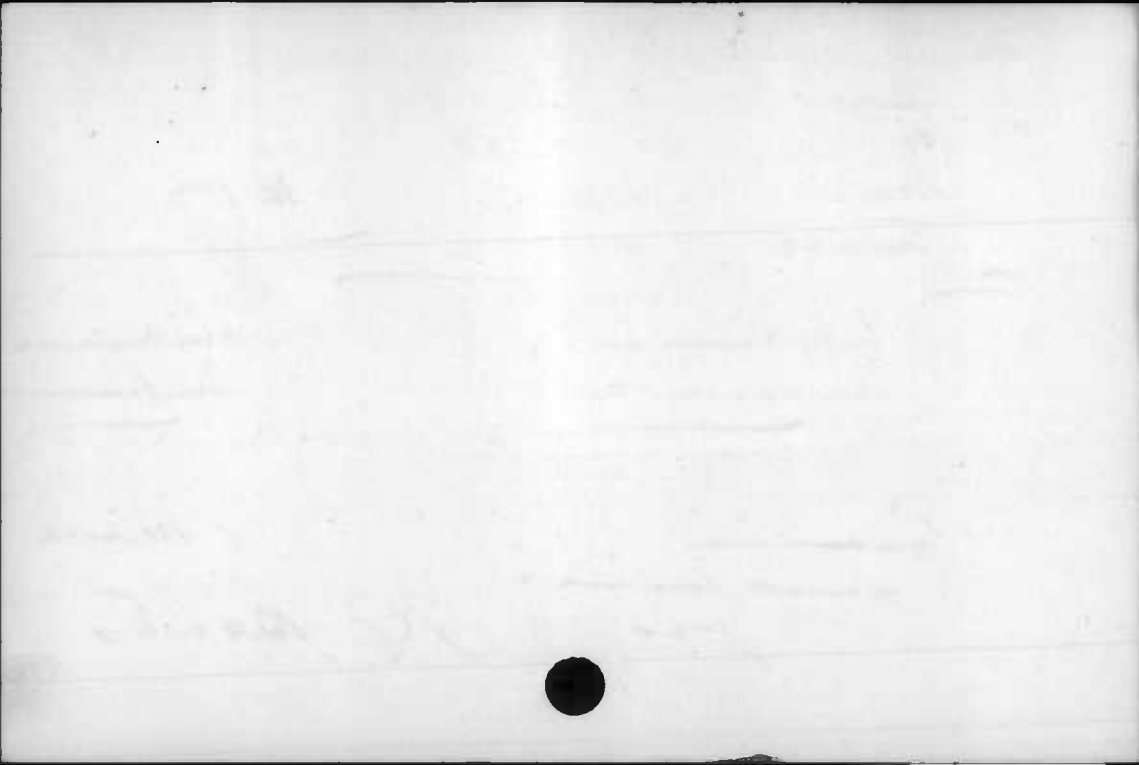
*One year*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Englewood
Kennington

Accident or Suicide?

no



Name
in
FullDavid Rhinehart
Town

CERTIFICATE OF DEATH

County

Died at

Boyd

Montgomery

MARYLAND

Date

of death 1909

Month

Jan.

Day

20

Years

Age

58

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

W. Va

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Jonathan Rhinehart

Father's
Birthplace

Unknown Md

Mother's
Maiden Name

Zelpha R. Allan

Mother's
Birthplace

Unknown Va

Name of person giving
Information

Mrs. S. E. Boyd

How related
to deceased

Sister

CAUSES OF DEATH

20

Primary

Typhemia

How long

1 month

Immediate

Heart failure

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

B. E. Deeks

(over)

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Capillary phlebitis - Purulent infection with
formation of dark abscesses in different parts of
body - would indicate sufficient cause for the
trouble.

Name
in
Full

Annie Mary Siebling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

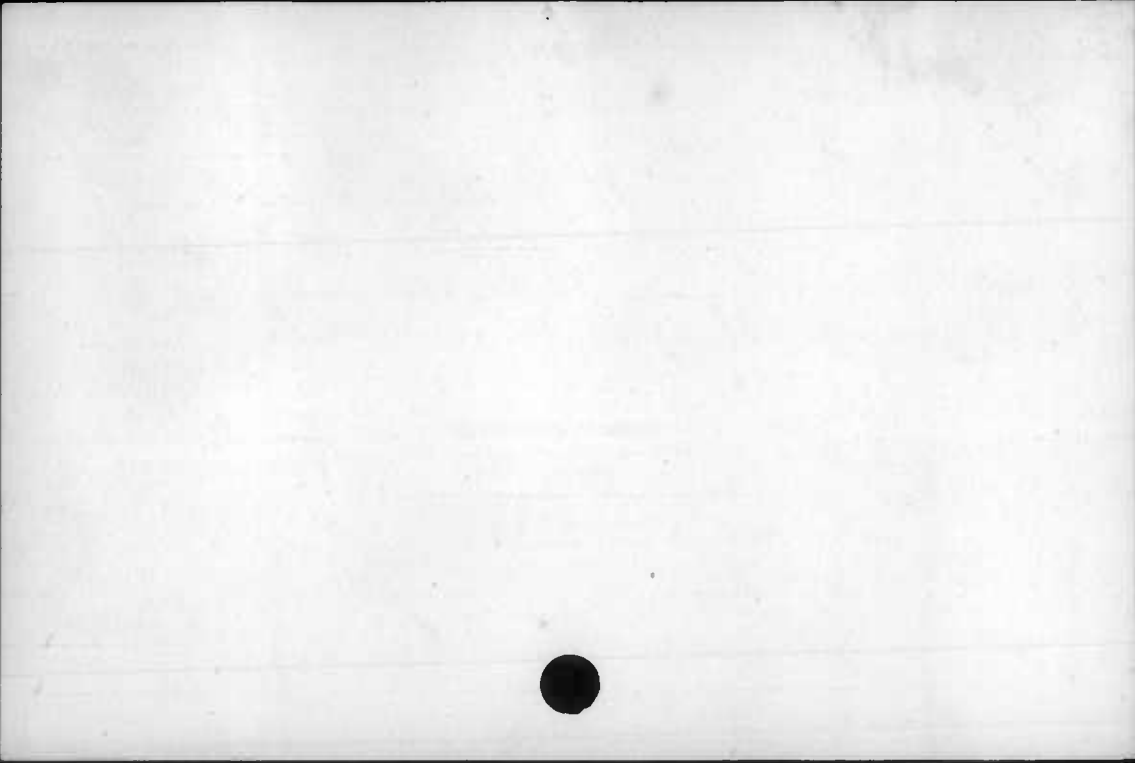
Died at <u>Retired</u> ^{Town}		<u>Montg</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>1</u>	Day <u>10</u>	Age <u>40</u>	Months <u>3</u>	Days <u>28</u>
Sex <u>F</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>book</u>	Where Residing if not at place of death <u>Frederick</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>George F. Siebling</u>				
Father's Name <u>Joshua Stupp</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Virginia Zimmerman</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Miss Zimmerman Stupp</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

120
How long

PHYSICIAN
OR CORONER

Primary	<u>Bright's disease</u>	How long	<u>4 months</u>
Immediate	<u>Cirrhosis of liver</u>	How long	<u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. C. Etchison</u>	
		Address <u>Gaithersburg</u>	
Accident or Suicide?		<u>Ind</u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

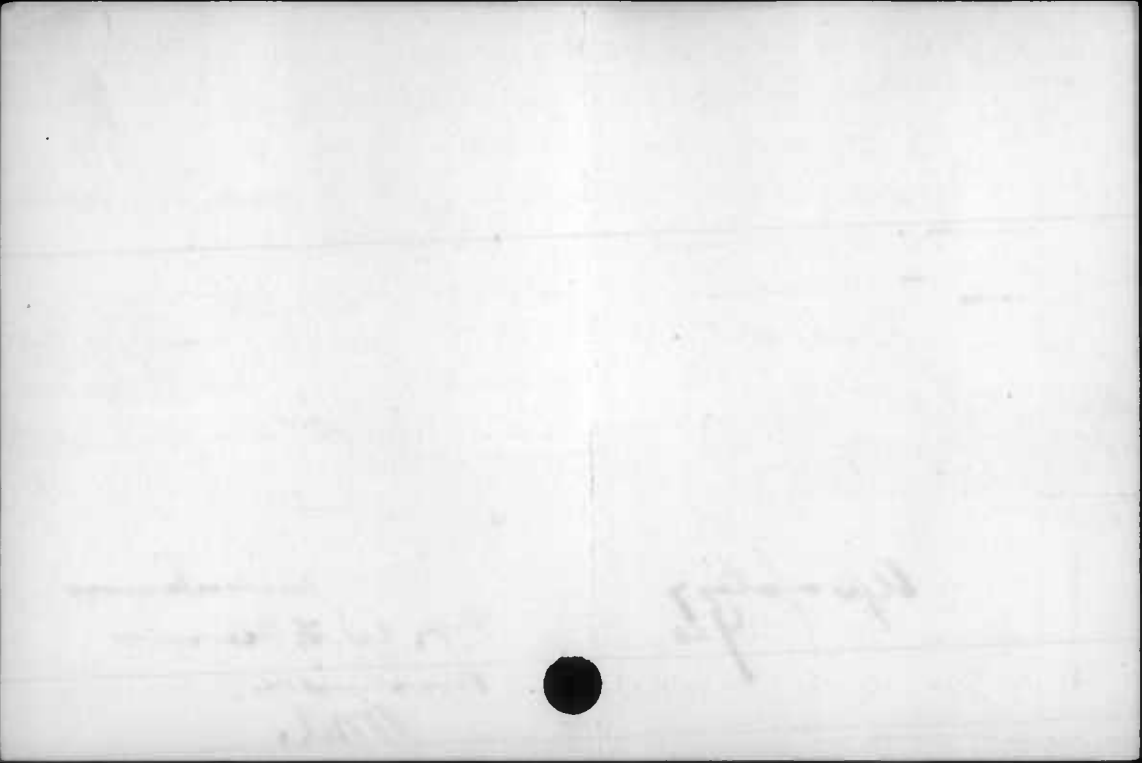
Died at <i>ella Singard</i> Town		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>16</i>	Age <i>37 1/2</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Jas. Singard</i>	Father's Birthplace <i>Newfoundland</i>				
Mother's Maiden Name <i>Rachel Perry</i>	Mother's Birthplace <i>Newfoundland</i>				
Name of person giving information <i>Jas Singard</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Cholera</i>	How long <i>2 days</i>
Immediate <i>Wm. R. Connelley</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Oliver Jones</i>
<i>No</i>	Address <i>Pennington</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

James Stabler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		near Brookeville		Montgomery		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1909	January	13	Age 81	8	17		
Sex	Male		Color or Race	White		Birth-place	near Brookeville
Married, Single or Widowed			Widowed.		Occupation		
			Machinist				
Name of Wife - Husband Phebe A. Stabler							
Father's Name				Thomas Stabler			
Mother's Maiden Name				Elizabeth Brooke			
Name of person giving information				Mary B. Brooke.			
Father's Birthplace				Montg. Co. Ind.			
Mother's Birthplace				Montg. Co. Ind.			
How related to deceased				2nd cousin			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		Instantaneous	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. W. F. Green -	
		Address	
		Brookville, Md.	
Accident or Suicide?			



Name
in
Full

Wm Francis Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Gaithersburg

Town

Montgomery

County

Date
of death 1909

Month 1

Day 20

Age 70

Years

Months 10

Days 9

Sex Male

Color or
Race

Colored

Birth-
place

Montgomery Md.

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Benjamin Stewart

Father's
Birthplace

Montgomery Md

Mother's
Maiden Name

Sarah Anne Wilson

Mother's
Birthplace

Washington D.C.

Name of person giving
In formation

Sarah Wilson

How related
to deceased

Mother

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Broncho Pneumonia

How long

3 weeks

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

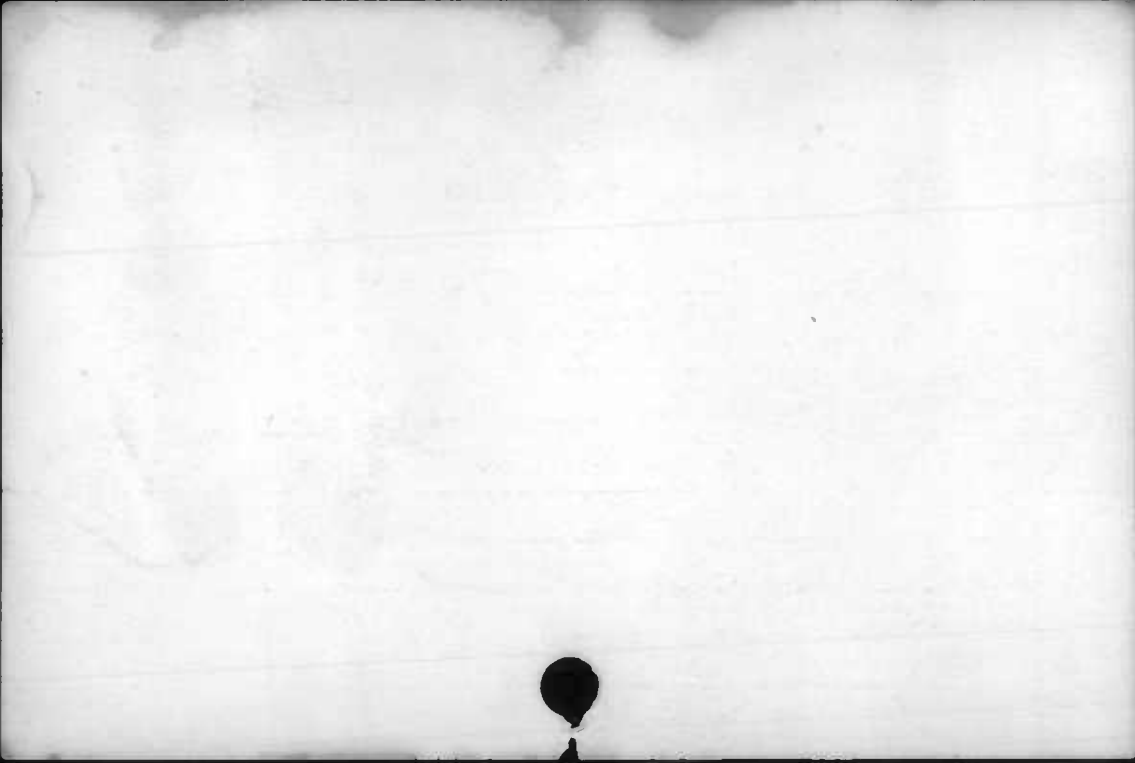
H B Haddox

Address

Gaithersburg

Maryland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

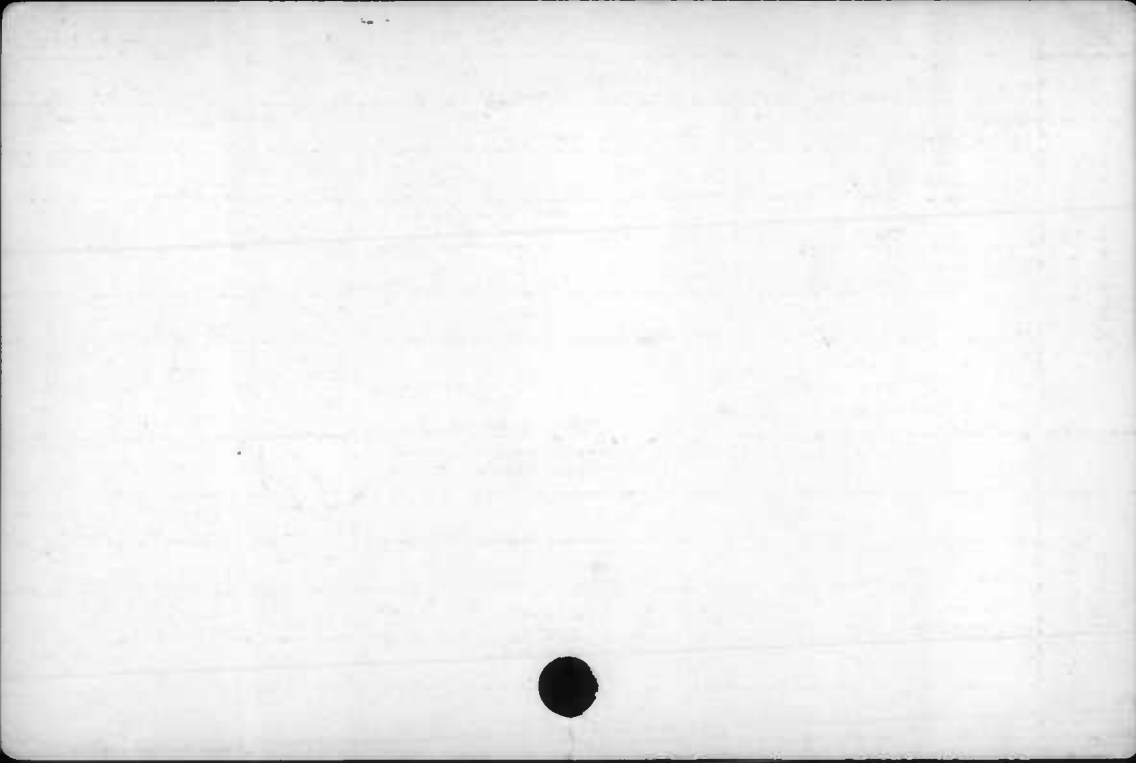
Died at <i>Barnsville</i>		Town <i>Montgomery</i>		County	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>13</i>	Age <i>46</i>	Years	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Physician</i>	Where Residing if not at place of death <i>Barnsville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sertrude Wood</i>				
Father's Name <i>Benjamin Swain Stonestreet</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mary Ellen Sellman</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Julia Hooper</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

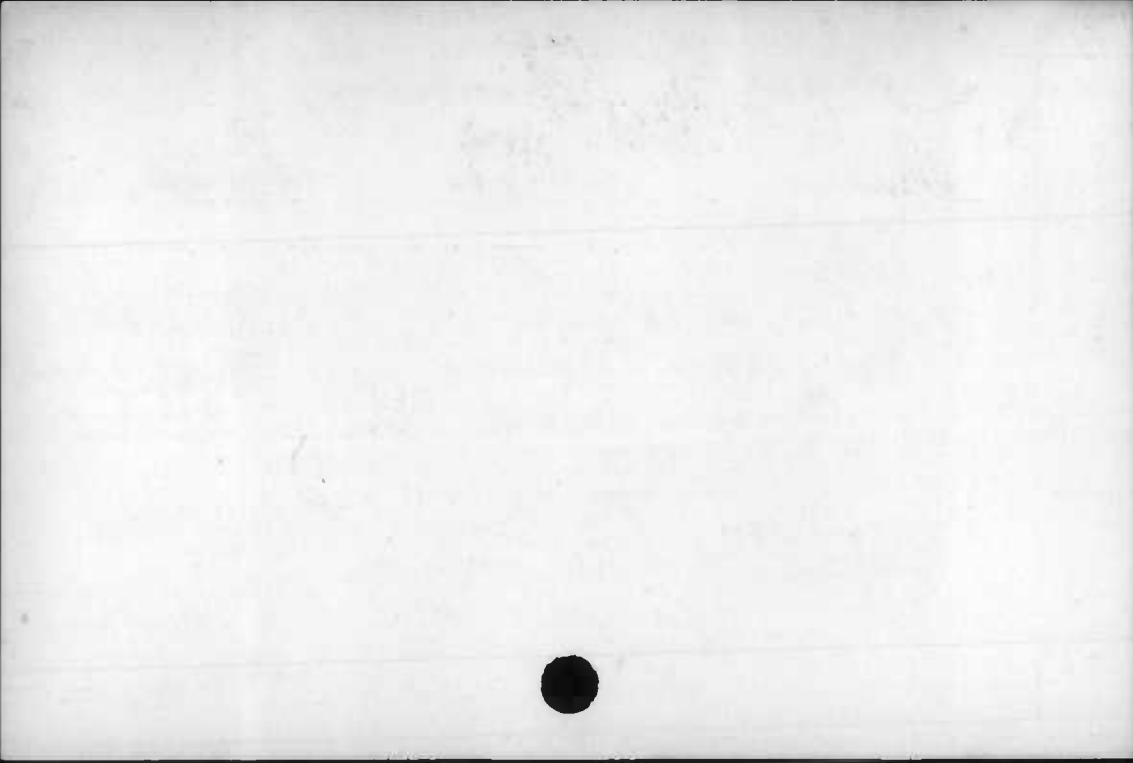
(92)

PHYSICIAN
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Cordine Asthma</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. White</i>
	Address <i>Boobsville Ind.</i>
Accident or Suicide?	



Name in Full		Harold Waters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sandy Spring		Montgomery		MARYLAND	
	Date of death	1909	Jan	30th	Age	22	
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	School Teacher			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Waters				Father's Birthplace	Montg. Co. Md.
	Mother's Maiden Name	Elizabeth Pratt				Mother's Birthplace	Montg. Co. Md.
Name of person giving information	Elijah Rickett				How related to deceased	Cousin	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Fever and Pneumonia				How long	3 weeks & 2 days
	Immediate	Asthenia				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Chas. Farguehar		
	Address	Olney, Md.					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

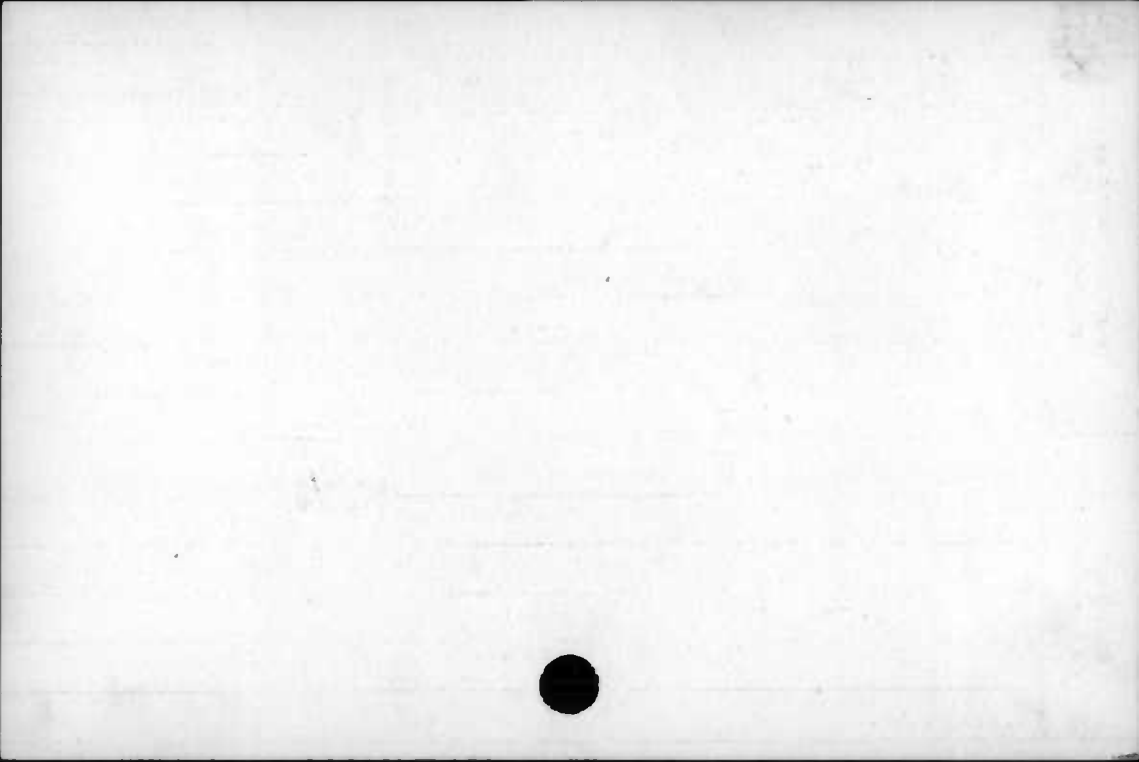
Name in Full <i>Rose Williams</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Rockville</i>		Month <i>1</i>		Day <i>2</i>		Years <i>68</i>	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>2</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Rockville, Md.</i>		Months <i>6</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Richard Williams</i>					
Father's Name <i>John W. Anderson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mira Magruder</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>W. W. Anderson</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Arteriosclerosis</i>	How long	<i>Eight years</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville, Md.</i>	
Accident or Suicide? <i>X</i>			



Name
in
Full

William Wilson

CERTIFICATE OF DEATH

Died at <i>Bertusda</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1909	Month	1	Day	20
Age	3	Years		Months	2
Sex	Male	Color or Race	White	Birth-place	Bertusda, Md.
Occupation	none	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	Single	Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name	J. Herbert Wilson	Father's Birthplace Canada			
Mother's Maiden Name	Mary Agnes Wilson	Mother's Birthplace Montg. Co. Md.			
Name of person giving information	Mary A. Wilson	How related to deceased Mother			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

9

Primary	Laryngeal Diphtheria	How long	2 days
Immediate	Obstructive Respiration & Expiration	How long	~
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John L. Lewis M.D.
		Address	Bertusda, Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER

